



# T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate Scholarship Program Application For Field-Based Early Education Specialists



## 1. PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number Home: (    ) Cell: (    ) Work: (    )

Email \_\_\_\_\_

Date of Birth      (mm/dd/yyyy)

Gender \_\_\_\_\_

Driver's License# \_\_\_\_\_

**Ethnicity**

Do you consider yourself Latinx?

Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)  No

Do you consider yourself...?

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander)
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other, two or more races
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino, or Other Asian)	

**The above information is used for demographic purposes only.**

**Please check the box indicating what language(s) you speak fluently (please check all that apply)**

<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Swahili
<input type="checkbox"/> Armenian	<input type="checkbox"/> Korean	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Chinese	<input type="checkbox"/> Lao	<input type="checkbox"/> Thai
<input type="checkbox"/> Creole	<input type="checkbox"/> Persian	<input type="checkbox"/> Tribal: _____
<input type="checkbox"/> English	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu
<input type="checkbox"/> French	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Greek	<input type="checkbox"/> Russian	<input type="checkbox"/> Yiddish
<input type="checkbox"/> Hindi	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____

**How many people live in your household?** \_\_\_\_\_ **Of those, how many are:**  
 Your parents? \_\_\_\_\_ Siblings? \_\_\_\_\_ Spouse or significant other? \_\_\_\_\_ Children? \_\_\_\_\_ Other? \_\_\_\_\_

**Have either of your parents or any of your brothers or sisters attended college?**  Yes  No  
**Do either of your parents or any of your brothers or sisters have a college degree?**  Yes  No

**How did you hear about the T.E.A.C.H. Early Childhood® Scholarship Program?**

<input type="checkbox"/> Presentation	<input type="checkbox"/> College Instructor	<input type="checkbox"/> Coworker
<input type="checkbox"/> Mailing	<input type="checkbox"/> Employer	<input type="checkbox"/> CCSA Website

**\* A copy of the applicant's Form W-9 and Social Security Card are required for tax and identification validation purposes.**

Name of relative not living with you \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number Home: (    ) Work: (    ) \_\_\_\_\_

Relationship \_\_\_\_\_

**2. EDUCATION INFORMATION**

Please include an admission letter from UNC-Greensboro and a transcript verifying BA degree/ECE coursework

Are you CPR/First Aid Certified?       Yes       No

Please check the box indicating what credentials and specializations you currently hold

- |  |   |
|--|---|
| <input type="checkbox"/> CDA: Infant/Toddler         | <input type="checkbox"/> Specialization: Bi-Lingual (language: _____) |
| <input type="checkbox"/> CDA: Preschool              | <input type="checkbox"/> North Carolina Issued Credential             |
| <input type="checkbox"/> CDA: Family Child Care Home | <input type="checkbox"/> Post BA (state teaching license)             |
| <input type="checkbox"/> CDA: Home Visitor           | <input type="checkbox"/> Not applicable                               |

Please check the box that best describes your educational history

- |   |   |
|---|---|
| <input type="checkbox"/> Bachelors degree in ECE  | <input type="checkbox"/> Bachelor degree in Human Development and Family Studies        |
| <input type="checkbox"/> Non-ECE Bachelor degree with 12 credits of ECE coursework (Major: _____) | <input type="checkbox"/> Some coursework towards a Master's degree in Child Development |
|   | <input type="checkbox"/> Masters (Major: _____)   |

Please check the box that best describes your educational goals

- Earn a Master's Degree in Early Childhood Leadership and Management
- Earn a Leadership in Infant and Toddler Learning Post-Baccalaureate Certificate

Have you taken any college courses in the past two years?       Yes       No

Have you taken any ECE credits in the past two years?       Yes, how many? \_\_\_\_\_       No

Are you currently enrolled in an Early Childhood Degree program at UNC Greensboro?       Yes       No

If yes, which degree are you working on? \_\_\_\_\_

What is your preferred language for learning? \_\_\_\_\_

When would you like your scholarship to begin?       Fall       Spring       Summer \_\_\_\_\_ (year)

Do you have a desktop computer/laptop/tablet?       Yes       No

Do you have internet access?       Yes       No

**3. EMPLOYMENT STATUS**

Please attach a formal job description and a copy of your Technical Assistance Practitioner Endorsement or Professional Development Endorsement from the NC Institute for Child Development Professionals.

What is your current job title? \_\_\_\_\_

What age groups do you work with? (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Infants (0-12 Months)  | <input type="checkbox"/> Preschool (37 Months – PreK) |
| <input type="checkbox"/> Toddler (13-36 Months) | <input type="checkbox"/> School Age                   |

How long have you worked in the field of early childhood?

- |  |                                    |                                     |                                    |
|--|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than 2 Years | <input type="checkbox"/> 2-5 Years | <input type="checkbox"/> 6-10 Years | <input type="checkbox"/> 10+ Years |
|--|------------------------------------|-------------------------------------|------------------------------------|

How many hours per week do you work? \_\_\_\_\_

How many months per year do you work? \_\_\_\_\_

Beginning date of employment at current agency? (mm/dd/yyyy) \_\_\_\_\_

What is your current hourly salary? \_\_\_\_\_



Return This Application along with Supporting Documentation to:  
 T.E.A.C.H. Early Childhood® North Carolina P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040  
 If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)



**4. STATEMENT OF INCOME**

Please attach a copy of your most recent pay stub here or W2 for previous tax year

Employer #1 \_\_\_\_\_ Hours/week \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Employer #2 \_\_\_\_\_ Hours/week \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Have you applied for any other financial aid?  Yes  No  
If yes, what financial aid source(s) have you applied for?  
 PELL Grant  Longleaf Commitment Grant  Smart Start Grant  Scholarships  Student Loans

Financial Aid #1 \_\_\_\_\_ Date of application \_\_\_\_\_  
Application status  Awarded  Denied  Pending

Financial Aid #2 \_\_\_\_\_ Date of application \_\_\_\_\_  
Application status  Awarded  Denied  Pending

YOUR TOTAL INCOME \$ \_\_\_\_\_

YOUR TOTAL FAMILY INCOME (your spouse included) \$ \_\_\_\_\_

**5. STATEMENT AND SIGNATURE OF APPLICANT**

I, \_\_\_\_\_ (applicant's name), attest that the information provided on this application and the supporting documentation listed on the application checklist is true to the best of my knowledge. I understand that falsifying this information or the failure to comply with requirements may result in the inability to be a participant on this program. If my participation is terminated due to my failure to comply with eligibility requirements, I understand that my employer may be notified along with the program funder. If for any reason the scholarship money is issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse the T.E.A.C.H. Early Childhood® North Carolina for the monetary support that was received in error.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**6. AGENCY AGREEMENT**

Please include a copy of the facility's Form W-9 and IRS letter including the Tax ID Number.

This agreement must be completed by the applicants' supervisor, executive director or president.

The T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate Program is offered through Child Care Services Association. It requires the participation of each scholarship recipient's employing agency. In the event that (Applicant Name) \_\_\_\_\_ is awarded a scholarship, I understand that (Agency Name) \_\_\_\_\_ agrees to participate in the following ways.

- Grant the recipient a flexible work schedule for which he/she can complete the requisite coursework

Please print name of supervisor, director, or president

Signature of supervisor, director, or president \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address (city, state, zip, county) \_\_\_\_\_

Email Address \_\_\_\_\_



Return This Application along with Supporting Documentation to:  
T.E.A.C.H. Early Childhood® North Carolina P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040  
If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)



**7. RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT**

This is an agreement between T.E.A.C.H. Early Childhood® North Carolina and the scholarship applicant (applicant name) \_\_\_\_\_. Please read carefully and then sign this agreement, initialing next to each line item. As a part of your application, this agreement **must** be signed and submitted along with any other required documents before your application can be considered complete.

**Congratulations on taking the next step toward a greater education!**

You should be very proud of yourself for investing in your own future and increasing your education. This scholarship represents an amazing opportunity – a debt free college education! This benefit to you comes with various responsibilities.

As a T.E.A.C.H. Early Childhood® Scholarship Recipient, I will:

- \_\_\_\_\_ Attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.
- \_\_\_\_\_ Regularly communicate with my scholarship counselor. My counselor is available to help guide me through the process of attending college as well as balancing my college, work and family responsibilities. He/She is just a phone call or email away and can answer many questions.
- \_\_\_\_\_ Preauthorization forms must be submitted in time for scholarship counselors to forward to UNC Greensboro.
- \_\_\_\_\_ Contact my scholarship counselor regarding any changes to my employment or college status, or if I am having difficulty in meeting my course/college requirements or scholarship contract.
- \_\_\_\_\_ Submit my grades within 30 days of the close of the semester. Keeping my scholarship record up-to-date is critical to ensuring that I can continue my education without unnecessary delays.
- \_\_\_\_\_ Pay my bills from T.E.A.C.H. and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations.
- \_\_\_\_\_ Notify T.E.A.C.H. within 10 days of changes to personal contact information including mailing address, phone number, and email address
- \_\_\_\_\_ Agree to complete an Automatic Clearing House (ACH) Form, provide documentation of current banking information and update as needed, so CCSA can provide direct electronic payments for scholarship related claims.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**8. ESSAYS**

You must answer all three of the following essay questions. The essays must be typewritten and no longer than one page each.

1. Why do you want to receive a T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate scholarship?
2. What personal experiences in your life shaped your desire to work on behalf of infants and toddlers and/or on behalf of early care and education professionals caring for infants and toddlers?
3. What contributions do you hope to make to infants and toddlers within the field of early childhood education? What leadership role do you see for yourself in early childhood education in the next five to ten years?

**9. APPLICATION CHECKLIST**

**For All Applicants**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Verification of Income            | <input type="checkbox"/> Form W-9                      | <input type="checkbox"/> Proof of Identity – Social Security Card |
| <input type="checkbox"/> Acceptance Letter from University | <input type="checkbox"/> Three Essays Completed        | <input type="checkbox"/> Participation Agreement Signed           |
| <input type="checkbox"/> Transcript/Transcript Evaluation  | <input type="checkbox"/> Three Professional References | <input type="checkbox"/> Copy of Endorsement Certificate          |
| <input type="checkbox"/> Formal Job Description            |  |   |

**For All Employers**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> IRS Letter with Tax Identification Number | <input type="checkbox"/> Form W-9 |
|--|-----------------------------------|



Return This Application along with Supporting Documentation to:  
T.E.A.C.H. Early Childhood® North Carolina P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040  
If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)



**T.E.A.C.H. EARLY CHILDHOOD®LEADERSHIP IN INFANT AND TODDLER LEARNING  
CERTIFICATE REFERENCE FORM**

Thank you for agreeing to serve as a reference for this T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate Scholarship Applicant.

Below is a list of statements that we would like you to use to evaluate the applicant. Please circle the word that best describes how true the statement is for the applicant. Also feel free to tell us anything else you believe might be useful in our decision-making process.

Name of T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate Scholarship Applicant:

---

Name, title and address of person completing this reference

---



---



---

Please check the appropriate box indicating your relationship to the applicant

- |  |  |
|--|--|
| <input type="checkbox"/> Teacher/Professor | <input type="checkbox"/> Co-worker       |
| <input type="checkbox"/> Employer          | <input type="checkbox"/> Other (specify) |

<b>1. This applicant has an interest in working on behalf of young children or within early care and education.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>2. This applicant is a successful student.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>3. This applicant respects and values others of different races, cultures, religions and economic backgrounds.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>4. This applicant is active in his or her community (i.e. extracurricular school activities, volunteering, etc.).</b>	Always	Usually	Sometimes	Never	Don't Know
<b>5. This applicant has demonstrated an interest in and commitment to early care and education.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>6. This applicant shows leadership potential.</b>	Always	Usually	Sometimes	Never	Don't Know



Return This Application along with Supporting Documentation to:  
 T.E.A.C.H. Early Childhood® North Carolina P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040  
 If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)



7. Please tell us what makes this applicant an ideal T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate recipient.

---

---

---

---

8. How long and in what context have you known the applicant?

---

---

---

---

9. Feel free to make additional comments in the space below.

---

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Return This Application along with Supporting Documentation to:**  
T.E.A.C.H. Early Childhood® North Carolina P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040  
If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)



**T.E.A.C.H. EARLY CHILDHOOD® LEADERSHIP IN INFANT AND TODDLER LEARNING  
CERTIFICATE REFERENCE FORM**

Thank you for agreeing to serve as a reference for this T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate Scholarship Applicant.

Below is a list of statements that we would like you to use to evaluate the applicant. Please circle the word that best describes how true the statement is for the applicant. Also feel free to tell us anything else you believe might be useful in our decision-making process.

Name of T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate Scholarship Applicant:

Name, title and address of person completing this reference

Please check the appropriate box indicating your relationship to the applicant

Teacher/Professor

Co-worker

Employer

Other (specify)

<b>1. This applicant has an interest in working on behalf of young children or within early care and education.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>2. This applicant is a successful student.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>3. This applicant respects and values others of different races, cultures, religions and economic backgrounds.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>4. This applicant is active in his or her community (i.e. extracurricular school activities, volunteering, etc.).</b>	Always	Usually	Sometimes	Never	Don't Know
<b>5. This applicant has demonstrated an interest in and commitment to early care and education.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>6. This applicant shows leadership potential.</b>	Always	Usually	Sometimes	Never	Don't Know



Return This Application along with Supporting Documentation to:  
T.E.A.C.H. Early Childhood® North Carolina P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040  
If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)



7. Please tell us what makes this applicant an ideal T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate recipient.

---

---

---

---

8. How long and in what context have you known the applicant?

---

---

---

---

9. Feel free to make additional comments in the space below.

---

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Return This Application along with Supporting Documentation to:**  
T.E.A.C.H. Early Childhood® North Carolina P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040  
If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)





**T.E.A.C.H. EARLY CHILDHOOD® LEADERSHIP IN INFANT AND TODDLER LEARNING  
CERTIFICATE REFERENCE FORM**

Thank you for agreeing to serve as a reference for this T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate Scholarship Applicant.

Below is a list of statements that we would like you to use to evaluate the applicant. Please circle the word that best describes how true the statement is for the applicant. Also feel free to tell us anything else you believe might be useful in our decision-making process.

Name of T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate Scholarship Applicant:

---

Name, title and address of person completing this reference

---



---



---

Please check the appropriate box indicating your relationship to the applicant

- |  |  |
|--|--|
| <input type="checkbox"/> Teacher/Professor | <input type="checkbox"/> Co-worker       |
| <input type="checkbox"/> Employer          | <input type="checkbox"/> Other (specify) |

<b>1. This applicant has an interest in working on behalf of young children or within early care and education.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>2. This applicant is a successful student.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>3. This applicant respects and values others of different races, cultures, religions and economic backgrounds.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>4. This applicant is active in his or her community (i.e. extracurricular school activities, volunteering, etc.).</b>	Always	Usually	Sometimes	Never	Don't Know
<b>5. This applicant has demonstrated an interest in and commitment to early care and education.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>6. This applicant shows leadership potential.</b>	Always	Usually	Sometimes	Never	Don't Know



Return This Application along with Supporting Documentation to:  
 T.E.A.C.H. Early Childhood® North Carolina P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040  
 If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)



7. Please tell us what makes this applicant an ideal T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning Certificate recipient.

---

---

---

8. How long and in what context have you known the applicant?

---

---

---

9. Feel free to make additional comments in the space below.

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Return This Application along with Supporting Documentation to:**  
T.E.A.C.H. Early Childhood® North Carolina P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040  
If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)



**T.E.A.C.H. EARLY CHILDHOOD® LEADERSHIP IN INFANT AND TODDLER LEARNING  
CERTIFICATE INFORMATION SHEET**

**What is the T.E.A.C.H. Early Childhood® Scholarship Program?**

The T.E.A.C.H. Early Childhood® (Teacher Education and Compensation Helps) Scholarship Program was developed to upgrade the level of education of teachers working with young children while making the educational process affordable, increasing wages and reducing turnover.

**What is the Leadership in Infant and Toddler Learning Certificate Scholarship Program?**

The T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Learning (LITL) Scholarship Program is designed to provide financial support and incentives to eligible early childhood educators who are pursuing specialized educational and leadership opportunities offered through the Leadership in Infant and Toddler Learning Post-Baccalaureate Certificate Program at the University of North Carolina at Greensboro. Two options exist for participation that are based on the applicant’s role and type of employment setting.

**Who is eligible for a scholarship?**

To be eligible for the T.E.A.C.H. Early Childhood® Leadership in Infant and Toddler Post-Baccalaureate Certificate Program Scholarship, all applicants **MUST** meet the following criteria:

- Be employed for a minimum of 30 hours per week in a licensed facility as an early childhood educator caring for infants or toddlers **OR** as a director of a licensed facility caring for infants and toddler **OR** be performing a specialized technical assistance or professional development function for early childhood educators working directly with infants and toddlers within an early childhood-focused organization that provides direct technical assistance and support to early educators.
- Have already earned a bachelor’s degree in early childhood or a related field
- Be already admitted to the University of North Carolina at Greensboro’s Leadership in Infant and Toddler Learning (LITL) Post-Baccalaureate Certificate Program.
- Be able to demonstrate a strong commitment to infants or toddlers and possess emerging leadership skills.
- Receive approval or sponsorship from the employing program or organization.
- Have your Technical Assistance Practitioner Endorsement or your Professional Development Endorsement through the NC Institute for Child Development Professionals, if applying for the Systems Specialist Scholarship described above. A copy of your Endorsement Certificate must be included with your application.
- Submit the Intent to Apply Form to Child Care Services Association for the T.E.A.C.H. Leadership in Infant and Toddler Learning Scholarship Program if seeking scholarship support.

**What support and commitments can be expected with a T.E.A.C.H. scholarship?**

Model	Scholarship	Education	Compensation		Commitment
For Teachers	90% tuition 90% books Travel stipend 3 hrs release time/week	Recipient completes 9-19 credit hours toward the Leadership in Infant and Toddler Learning Post-Baccalaureate Certificate @ UNC Greensboro	9-12 credit hours	13-19 credit hours	Recipient agrees to work one year in the early childhood field, which includes at least 6 months with sponsoring employer, upon completion of 9-19 credit hours and bonus award
For Directors	90% tuition 90% books Travel stipend		\$250 bonus	\$500 bonus	
For Specialists	\$1000 stipend/course				

**How do interested parties apply to UNC Greensboro’s LITL Certificate Program?**

GO TO: <https://gradapply.uncg.edu/apply/>

SELECT: Program/Department: Human Development and Family Studies Online  
 Concentration/Major: Leadership in Early Care & Ed (PB Cert)  
 Degree/Certificate/Licensure: Post Baccalaureate Certificate

SUBMIT: ALL REQUIRED APPLICATION MATERIALS

**How is the T.E.A.C.H. Early Childhood® North Carolina Scholarship Program funded?**

Funding comes from the North Carolina Division of Child Development and Early Education, the Child Care and Development Block Grant, and the state legislature.



Return This Application along with Supporting Documentation to:  
 T.E.A.C.H. Early Childhood® North Carolina P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040  
 If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)

